CLAIMS ONLY

Application Number	**10 779692**	Filing Date
Applicant(s)		

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT				Indep	Depend	Indep	Depend	Indep	Depend
	Indep	Depend	Indep	Depend	Indep	Depend								
1							51							
2							52							
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45							95							
46							96							
47							97							
48							98							
49							99							
50							100							
Total Indep	**4**						Total Indep							
Total Depend	**16**						Total Depend							
Total Claims	**20**						Total Claims							